



LIFE CARE PLAN

For Ms. Towanda Futrell

REFERRAL:	Dr. Dallas Lea, II, M.D. Lea Medical Therapies	CLIENT:	Towanda Futrell
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INTRODUCTION:

Dr. Dallas Lea, Lea Medical Therapies, was retained to develop a Life Care Plan to address current and future medical needs related to injuries Ms. Futrell sustained on December 16, 2022.

This Life Care Plan will briefly comment on Ms. Futrell's past medical treatment and outcomes, current medical status and treatment regimen, and future medical and non-medical recommendations with associated costs as related to the accident on December 16, 2022. Recommendations included in this Life Care Plan are based on a reasonable degree of medical certainty to manage symptoms, reduce complications or secondary diagnosis, maintain functioning, and optimize independence throughout Ms. Futrell's lifespan. The recommendations were gathered from the information provided by medical providers as well as knowledge and experience from this Life Care Planner. The Life Care Plan report and tables were completed following a review of the provided medical records. Should additional information be received or Ms. Futrell's medical condition changes, the Life Care Plan should be revised as needed.

RECORDS REVIEWED:

Riverside Regional Medical Center Emergency Department	12/16/2022
Riverside Regional Medical Center	12/16/2022 – 12/20/2022
Ivy Rehab Physical Therapy – Granby	03/07/2023 – 11/16/2023
Riverside Regional Medical Center	03/23/2023
Riverside Regional Medical Center Orthopedic Imaging	04/07/2023 – 02/27/2024



Riverside Orthopedics and Sports Medicine
Riverside Regional Medical Center MRI Services
Ivy Rehab Physical Therapy – Granby

05/23/2023 – 06/04/2024
12/09/2023
02/13/2024 – 04/04/2024

MEDICAL DIAGNOSES:

- Displaced fracture of medial malleolus or right tibia, initial encounter for open fracture type I or II (S82.51XB)
- Acute kidney failure, unspecified (N17.9)
- Fracture of medial orbital wall, left side, initial encounter for open fracture (S02.832B)
- Unspecified injury of head, initial encounter (S09.90XA)
- Sprain of tibiofibular ligament of right ankle, initial encounter (S93.431A)
- Elevated white blood cell count, unspecified (D72.829)
- Person injured in unspecified motor-vehicle accident, traffic, initial encounter (V89.2XXA)
- Unspecified street highway as the place of occurrence of the external cause (Y92.410)
- Other low back pain (M54.59)
- Cervicalgia (M54.2)
- Pain in right leg (M79.604)
- Pain in left leg (M79.605)
- Difficulty in walking, not elsewhere classified (R26.2)
- Weakness (R53.1)
- Orbit fracture, left, closed, initial encounter (S02.832A)
- Retained orthopedic hardware (Z96.60)
- Syndesmotom disruption of right ankle, subsequent encounter (S93.431D)
- Closed displaced fracture of medial malleolus of right tibia with routine healing, subsequent encounter (S82.51XD)
- Equinus contracture of right ankle (M24.571)
- Arthritis of right ankle (M19.271)
- Post-traumatic osteoarthritis of right ankle (M19.171)
- Right ankle anterior talo-fibular ligament tear (S93.431A)
- Right ankle pain, unspecified chronicity (M25.571)
- Instability of right ankle joint (M25.371)

MEDICAL SUMMARY:

On 12/16/2022, Ms. Futrell presented to Riverside Regional Medical Center Emergency Department status post (s/p) a motor vehicle accident (MVA). She was diagnosed with displaced fracture of medial malleolus or right tibia, initial encounter for open fracture type I or II; acute kidney



failure, unspecified; fracture of medial orbital wall, left side, initial encounter for open fracture; unspecified injury of head, initial encounter; sprain of tibiofibular ligament of right ankle, initial encounter; elevated white blood cell count, unspecified; person injured in unspecified motor-vehicle accident, traffic, initial encounter; and unspecified street highway as the place of occurrence of the external cause.

From 12/16/2022 to 12/20/2022, Ms. Futrell received the following treatment at Riverside Regional Medical Center for a right medial malleolar fracture and right syndesmosis disruption. Open reduction internal fixation of unstable medial malleolar fracture, right (*Per 03/23/2023 Riverside Regional Medical Center record*). Open treatment of syndesmosis disruption with internal fixation, right (*Per 03/23/2023 Riverside Regional Medical Center record*).

On 03/07/2023, Ms. Futrell was evaluated by Caitlin Lumpkin, DPT, a physical therapist, at Ivy Rehab Physical Therapy – Granby. Ms. Futrell reported she was in an accident on 12/16/2022 and was rushed to the hospital via ambulance after being ejected from a bus that was involved in an accident. She stated she broke her right leg and had surgery on 12/17/2022 and will have another surgery on 03/24/2023 to remove hardware. She presented to therapy weight-bearing as tolerated in a CAM boot but could not weight-bear without the CAM boot. She reported difficulty walking, driving, bending, lifting, squatting, and standing. She uses crutches to help walking with a CAM boot. In addition, Ms. Futrell complained of neck and lower back pain. She rated the pain 8/10. On the initial physical therapy evaluation, she was diagnosed with other low back pain, cervicalgia, pain in the right leg, pain in the left leg, difficulty in walking, and weakness. On examination, she demonstrated limited and painful cervical spine, lumbar spine, bilateral hip, and bilateral shoulder active range of motion, tender to palpation throughout muscles, reduced and painful bilateral hip manual muscle testing, and a reduced Focus on Therapeutic Outcomes (FOTO) score. Ms. Futrell was given a home exercise program focusing on non-weight-bearing mobility and stretching. Records indicate a motor vehicle accident on 09/30/2023, where she was hit from behind. She stated she hit the brakes hard with her right lower extremity. She further reported she has been having problems with her right leg due to sciatic pain in the last two months. Ms. Futrell continued to complain of neck and right ankle pain. From 03/07/2023 to 11/16/2023, Ms. Futrell participated in 73 physical therapy sessions.

The sessions included therapeutic exercises, neuromuscular reeducation, manual therapy, and therapeutic activities.

On 03/23/2023, Ms. Futrell was evaluated pre-operatively by Dr. David Romano, MD, an orthopedic trauma surgeon, at Riverside Regional Medical Center. It was noted she presented for surgical removal of a syndesmotomic screw. Ms. Futrell described her right ankle pain as aching and intermittent.

- Removal of deep orthopedic implant (*Per 05/23/2023 Riverside Orthopedics and Sports Medicine record*).
- Fluoroscopic stress examination syndesmosis, right (*Per 05/23/2023 Riverside Orthopedics and Sports Medicine record*).

On 04/07/2023, Ms. Futrell presented to Riverside Regional Medical Center Orthopedic Imaging for an X-ray of the right ankle.

- X-ray of the right ankle (3+ views) revealed disuse osteopenia and soft tissue swelling after removal of a syndesmosis screw.

On 05/23/2023, Ms. Futrell followed up with Dr. David Romano, MD, an orthopedic trauma surgeon at Riverside Orthopedics and Sports Medicine, regarding her right ankle. She rated the right ankle pain as 9/10 and described the pain as aching, throbbing, sharp, numb, burning, and tight. She noted the pain is constant and ongoing. Walking and bending aggravate the pain. She also complained of continued nerve pain and pain from the orbital fracture. She stated she has never been treated in follow-up for the orbital fracture. She continues to have pain in the ankle and has a limp, but feels she is getting better. Ms. Futrell reported she is working with physical therapy. She stated she was prescribed Gabapentin, and it helped significantly with the nerve pain. Dr. Romano noted her ankle still has some swelling but no visual acuity changes. She was diagnosed with orbit fracture, left, closed, initial encounter; retained orthopedic hardware; syndesmotomic disruption of right ankle, subsequent encounter; and closed displaced fracture of medial malleolus of the right tibia with routine healing, subsequent encounter. Dr. Romano prescribed Gabapentin 100mg twice daily. Regarding the orbital fracture, he noted no visual acuity changes, but some persistent pain in and around the face and swelling. She was given a referral to an ear, nose, and throat physician for the orbital fracture. Dr.

Romano said she is continuing to improve but will need additional therapy, and noted her walking and limp should improve with continued therapy and strengthening. Ms. Futrell was to follow up in 2-3 months for weight-bearing X-rays of the right ankle.

- X-ray of the right ankle (3+ views) shows healed medial malleolar fracture. Demonstrates removed hardware from the trans syndesmotom area and retained hardware in the medial malleolus with consolidated fracture. Ankle mortise is symmetric.

On 11/08/2023, Ms. Futrell followed up with Dr. David Romano, MD, an orthopedic trauma surgeon at Riverside Orthopedics and Sports Medicine, regarding her right ankle. The office visit diagnoses included treatment of healed fracture follow-up examination; retained orthopedic hardware; orbit fracture, left, closed; closed displaced fracture of medial malleolus of right tibia with routine healing subsequent encounter; syndesmotom disruption of right ankle, subsequent encounter; and neck pain.

- X-ray of the right ankle (3+ views) shows healed medial malleolar fracture post-open reduction and internal fixation (ORIF).

On 12/09/2023, Ms. Futrell presented to Riverside Regional Medical Center MRI Services for an MRI of the right ankle without contrast.

- MRI of the right ankle without contrast revealed postsurgical changes of prior syndesmotom tight rope fixation and healed medial malleolar fracture. Mild preligamentous edema about the anterior talo-fibular ligament (ATFL) suggests a low-grade sprain injury. Mild osteoarthritic change of the tibiotalar ankle articulation and mild osteoarthritic involvement of the posterior and middle subtalar facets.

On 02/07/2024, Ms. Futrell followed up with Dr. David Romano, MD, an orthopedic trauma surgeon at Riverside Orthopedics and Sports Medicine, regarding her right ankle. She rated the pain 6/10 and described the pain as discomforting. She noted the pain is constant, and walking aggravates the pain. Ms. Futrell stated she continues to have pain and discomfort in her right ankle with swelling. She endorsed continued decreased sensation and paresthesias to the lateral aspect of her lower leg from the wound site. She reported she has been taking Tylenol, muscle relaxer, Motrin, and using Lidocaine patches for pain relief. She stated she was previously working with physical therapy. Ms. Futrell was diagnosed with equinus contracture of the right ankle and arthritis of the right ankle. Dr. Romano noted his interpretation of the MRI of the right ankle was a tear/sprain of

the anterior talo-fibular ligament (ATFL) and arthritis of the right ankle. He discussed that her broken bone had healed, but she had some stiffness of the ankle joint (equinus contracture). Dr. Romano referred her to Dr. Jeffrey Levy, an orthopedic surgeon, to evaluate and treat her chronic ankle condition. Dr. Romano refilled Gabapentin 100mg twice daily. Ms. Futrell was referred to physical therapy and was to follow up as needed.

On 02/07/2024, Ms. Futrell was evaluated by Dr. Jeffrey Levy, DO, an orthopedic surgeon at Riverside Orthopedics and Sports Medicine, regarding her right ankle pain. She was in a motor vehicle accident about 15 months ago and sustained a medial malleolus fracture and syndesmosis tear on the right lower extremity. She was treated with an open reduction and internal fixation (ORIF) of the right ankle and a right open treatment of syndesmosis disruption with internal fixation. The syndesmosis screw was subsequently removed. She reported ongoing pain and difficulty with motion of the ankle. Ms. Futrell stated the pain is worse with activity and better with rest. She rated the pain 8/10. She described the pain as aching and throbbing and noted she has swelling and stiffness. Standing and walking aggravates the pain. It is noted she has participated in a prolonged course of physical therapy. Ms. Futrell stated she had been in a boot for a year and that the boot was removed about three months ago. She has used ice, elevation, and massage without much improvement. Ms. Futrell was diagnosed with post-traumatic osteoarthritis of right ankle; right ankle anterior talo-fibular ligament (ATFL) tear; right ankle pain, unspecified chronicity; and instability of the right ankle joint. Dr. Levy reviewed the right ankle X-ray and noted degenerative changes in the ankle joint with joint space narrowing, neutral ankle alignment, and the syndesmosis well aligned. Dr. Levy also reviewed the MRI of the right ankle and noted anterior impingement, increased uptake over the anterior talo-fibular ligament (ATFL), good alignment of the distal tibiofibular joint, and a well-healed medial malleolus fracture. Dr. Levy noted she has a large bony prominence off the anterior tibia and that the MRI shows impingement. He stated this is likely causing some of her difficulties and is an arthritic type of change after the injury. He also noted she has some edema around the lateral ligament complex and has significant tenderness in the same area. Dr. Levy discussed the following treatment options: corticosteroid injection and continued physical therapy versus surgery; an arthroscopy and removal of the anterior impingement as well as a lateral ligament reconstruction.

Ms. Futrell indicated she would like to proceed with the corticosteroid injection and continue physical therapy. Dr. Levy administered a right ankle corticosteroid injection. Ms. Futrell was to consider the surgical options, continue with physical therapy, and follow up as needed.

- X-ray of the right ankle (3+ views) shows an old, healed fracture of the medial malleolus, post-ORIF.
- X-ray of the right foot (3+ views) shows pes planus. Otherwise, negative right foot radiographs.
- Corticosteroid injection, right ankle.

On 02/13/2024, Ms. Futrell was evaluated by Caitlin Lumpkin, DPT, a physical therapist, at Ivy Rehab Physical Therapy – Granby. Ms. Futrell complained of neck, back, bilateral hip, right leg, and right ankle pain. Medical records noted that she had another accident in 2023. She was going to physical therapy for all body parts but took about a 2-month break due to depression. She stated she tried to start driving but had a lot of sharp pains, so she stopped. She reported she has a torn ligament in her right ankle. It was documented that she would like to get back to work but cannot do the physical parts of her party planning business. She reported difficulty with bending, climbing, squatting, standing, and walking. She also reported weakness. Ms. Futrell rated the pain 10/10 and noted walking and standing make the symptoms worse. On the initial physical therapy evaluation, she demonstrated a reduced Focus on Therapeutic Outcomes (FOTO) score, painful and reduced right ankle range of motion and manual muscle testing, and tenderness to palpation throughout. She also has left hip passive range of motion, tender to palpation along the left quadratus lumborum and tensor fasciae latae muscle, and poor gait mechanics. On 04/04/2024, Ms. Futrell continued complaining of bilateral hip and right ankle pain. It was documented her pain is hindering functional activity tolerance for walking her dogs and returning to home and life demands. Further, she continues to lack distal right lower extremity joint range of motion and strengthening in open and closed chained positions. Ms. Futrell was to continue with therapy. From 02/13/2024 to 04/04/2024, Ms. Futrell participated in 13 physical therapy sessions. The sessions included therapeutic exercises, neuromuscular reeducation, manual therapy, and therapeutic activities.

On 05/20/2024, Ms. Futrell followed up with Dr. Jeffrey Levy, DO, an orthopedic surgeon at Riverside Orthopedics and Sports Medicine, regarding her right ankle pain. She had a corticosteroid injection to the right ankle in February 2024 and reported about one month of relief. She stated she continues to have pain around the ankle and feelings of instability while she walks. Ms. Futrell rated the pain 9/10 and described the pain as shooting, sharp, aching, throbbing, and discomforting. She reported the pain radiates towards her right leg and is intermittent. Walking and standing aggravate the pain. She continues to take Gabapentin 100mg twice daily. Dr. Levy discussed with Ms. Futrell that surgery would likely help but that he could not guarantee it would resolve the pain. He noted she has some ankle stiffness but also has feelings of instability and pain on the lateral side over the anterior talo-fibular ligament. Furthermore, he noted she has pain across the anterior joint line, and her MRI shows an attenuated anterior talo-fibular ligament (ATFL) and large osteophytes off the distal tibia. Dr. Levy recommended a right ankle arthroscopy with chondroplasty and partial excision of the tibia and talus where there are large osteophytes; modified Brostrom with a graft. Ms. Futrell was to consider the surgical option and follow-up.

On 06/04/2024, Ms. Futrell followed up with Dr. Jeffrey Levy, DO, an orthopedic surgeon at Riverside Orthopedics and Sports Medicine, regarding her right ankle pain. Dr. Levy administered another corticosteroid injection to the right ankle.

- Corticosteroid injection, right ankle.

CURRENT PROVIDERS & TREATMENT:

- Dr. Jeffrey Levy, DO (Orthopedic Surgeon) / Riverside Orthopedics and Sports Medicine
 - Last office visit – 05/20/2024
 - Next office visit – Dr. Levy recommended a right ankle arthroscopy with chondroplasty and partial excision of the tibia and talus where there are large osteophytes; modified Brostrom with a graft. Ms. Futrell was to consider the surgical option and follow-up.
- Caitlin Lumpkin, DPT (Physical Therapist) / Ivy Rehab Physical Therapy – Granby
 - Last office visit – 04/04/2024
 - Next office visit – Ms. Futrell was to continue with physical therapy.

MEDICATIONS:

- Gabapentin, 100mg, twice daily for nerve pain
- Tylenol, 325mg, as needed for pain
- Ibuprofen, 200mg, as needed for pain

SYMPTOMS/LIMITATIONS/ACTIVITIES OF DAILY LIVING:

- Neck pain
- Back pain
- Bilateral hip pain
- Right leg pain
- Right ankle pain
- Difficulty bending, climbing, squatting, and walking
- Weakness
- Standing and walking aggravates the pain
- Difficulty driving without pain
- Pain hinders functional activity tolerance for walking her dogs
- Pain hinders home and life demands

SUMMARY & RECOMMENDATIONS:

Recommendations for future care and costs are reflected in the Life Care Plan tables. It is anticipated Ms. Futrell will have chronic symptoms and residual disabilities resulting from the accident. Given the severity of Ms. Futrell's condition, additional care is expected throughout her life, and she will require follow-up with physicians regarding her right ankle. Physicians have recommended surgical interventions to improve Ms. Futrell's symptoms, functioning, and quality of life. Ongoing medical care (including pain/symptom management) will be necessary to treat and care for Ms. Futrell's injuries and residual disabilities to improve Ms. Futrell's symptoms, functioning, and quality of life. The attached tables include recommendations to assist Ms. Futrell's care and needs.

CONCLUSION:

The attached Life Care Plan tables outline the recommendations for Ms. Futrell's current and future care needs. National Vital Statistics Report, Vol. 72, No. 12, November 7, 2023, Table 1 predicts an average life expectancy of a 42-year-old to be 37.1 additional years. A life expectancy of 37 additional



years was used to determine the frequency and cost of Ms. Futrell's care and needs. Outline costs are based on customary and reasonable charges within Ms. Futrell's geographical location.

The Life Care Plan tables reflect what can be reasonably anticipated for Ms. Futrell's future medical care and needs, based on the information provided. This report is a projection of Ms. Futrell's current and future medical needs and should be updated with significant changes to Ms. Futrell's condition.

The proceeding summation concludes the Life Care Plan for Ms. Futrell. The narrative and opinions are based on my evaluation of the medical records made available to me and reflect my personal opinions and conclusions which are based on my clinical experience and training. Evaluations and opinions are provided within a reasonable degree of medical certainty. If new information or records become available, I reserve the right to amend and/or supplement my report and conclusions. Please do not hesitate to contact me if any of the preceding report requires clarification.

Respectfully,



Dr. Dallas Lea, II M.D.

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
MEDICAL CARE							
Visits, Orthopedic Surgeon	99214	2024-2061	Every 2 months for 1 year; then every 4 months for 1 year; then every 6 months for 1 year; then yearly (Allow 45)	\$299.14	45	\$13,461.30	Practice Management Information Corporation (PMIC) 2024
Visits, Primary Care Provider	99214	2024-2061	Yearly	\$299.14	37	\$11,068.18	PMIC 2024
Visit, Ophthalmologist Evaluation	92002	2024-2061	Once, then TBD	\$231.24	1	\$231.24	PMIC 2024
Visit, Ear, Nose, and Throat Evaluation	99204	2024-2061	Once, then TBD	\$444.02	1	\$444.02	Physicians' Fee Reference (PFR) 2024
PROCEDURES / SURGERIES							
Corticosteroid Injection, Right Ankle (performed in-office)	20605, J3301	2024-2061	Every 3-7 years (Allow 7)	\$610.80	7	\$4,275.60	Riverside Health System

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
Right Ankle Arthroscopy with Chondroplasty; Partial Excision of the Tibia and Talus; Modified Brostrom with Graft <i>(includes physician, anesthesia, and facility fee)</i>	29898, 27640, 27698, 01464, 01392, 01470	2024-2061	Once	\$44,515.68	1	\$44,515.68	PFR 2024 and FAIR Health
THERAPEUTIC EVALUATIONS & MODALITIES							
Physical Therapy Evaluation	97162	2024-2061	Every 3-7 years (Allow 7)	\$217.46	7	\$1,522.22	PMIC 2024
Physical Therapy Sessions	97110, 97112, 97140, 97530	2024-2061	12 sessions per evaluation (Allow 84)	\$335.39	84	\$28,172.76	Metadata
Psychological Counseling	96158, 96159	2024-2061	10-20 over LE (Allow 20)	\$278.11	20	\$5,562.20	PFR 2024
DIAGNOSTIC STUDIES & LAB WORK							
CT Scan, Maxillofacial Area <i>(without contrast)</i>	70486-26	2024-2061	Every 5-15 years (Allow 3)	\$1,257.58	3	\$3,772.74	Metadata

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
X-ray, Cervical Spine	72040	2024-2061	Allow 1	\$126.94	1	\$126.94	PMIC 2024
MRI, Cervical Spine <i>(without contrast)</i>	72141-26	2024-2061	Allow 1	\$2,400.96	1	\$2,400.96	PMIC 2024
X-ray, Lumbar Spine	72100	2024-2061	Allow 1	\$124.51	1	\$124.51	Metadata
MRI, Lumbar Spine <i>(without contrast)</i>	72148-26	2024-2061	Allow 1	\$2,363.57	1	\$2,363.57	PMIC 2024
X-ray, Left Hip	73502	2024-2061	Allow 1	\$154.00	1	\$154.00	PFR 2024
MRI, Left Hip <i>(without contrast)</i>	73721-26	2024-2061	Allow 1	\$2,285.30	1	\$2,285.30	PFR 2024
X-ray, Right Hip	73502	2024-2061	Allow 1	\$154.40	1	\$154.40	PFR 2024

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
MRI, Right Hip (<i>without contrast</i>)	73721-26	2024-2061	Allow 1	\$2,285.30	1	\$2,285.30	PFR 2024
X-ray, Right Tibia	73590	2024-2061	Every 3-7 years (Allow 7)	\$112.18	7	\$785.26	PMIC 2024
MRI, Right Tibia (<i>without contrast</i>)	73721-26	2024-2061	Every 5-15 years (Allow 3)	\$2,285.30	3	\$6,855.90	PFR 2024
X-ray, Right Ankle	73610	2024-2061	Every 3-7 years (Allow 7)	\$119.88	7	\$839.16	PFR 2024
MRI, Right Ankle (<i>without contrast</i>)	73721-26	2024-2061	Every 5-15 years (Allow 3)	\$2,285.30	3	\$6,855.90	PFR 2024
General Health Panel (<i>includes CMP and CBC</i>)	80053, 85025	2024-2061	Yearly (<i>excludes routine health maintenance</i>)	\$110.29	37	\$4,080.73	PFR 2024
Specimen Handling Fee	36415	2024-2061	Yearly (<i>excludes routine health maintenance</i>)	\$21.65	37	\$801.05	PMIC 2024

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
Preoperative Medical Clearance (<i>Chest X-ray, EKG, Complete Blood Count (CBC), Comprehensive Metabolic Profile (CMP), and Specimen Handling Fee</i>)	71045, 93010, 80053, 85025, 36415	2024-2061	Once	\$281.00	1	\$281.00	PFR 2024
MEDICATIONS (*Generic)							
Gabapentin, 100mg, twice daily*		2024-2061	Monthly	\$33.51	444	\$14,878.44	Walgreens / GoodRX
Lidocaine Patches, 5%, as needed (<i>Box of 30 patches</i>)		2024-2061	Twice yearly	\$201.28	74	\$14,894.72	Walgreens / GoodRX
Tylenol / Acetaminophen 325mg, as needed (<i>Over-the-counter</i>) (500-count bottle)		2024-2061	Yearly	\$17.99	37	\$665.63	Walgreens
Ibuprofen, 200mg, as needed (<i>Over-the-counter</i>) (500-count bottle)		2024-2061	Yearly	\$19.75	37	\$730.75	Walmart
DURABLE MEDICAL EQUIPMENT / AIDS FOR INDEPENDENT FUNCTION							
Right Ankle Brace (<i>Arizona Type</i>)		2024-2061	Every 3-7 years (Allow 7)	\$61.95	7	\$433.65	Ultra Ankle

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
CAM Walker Boot		2024-2061	Allow 2	\$49.95	2	\$99.90	Source Ortho
Crutches		2024-2061	Allow 2	\$48.99	2	\$97.98	Grayline Medical
HOME CARE							
House Cleaning		2024-2061	Monthly	\$202.86	444	\$90,069.84	HomeAdvisor
TRANSPORTATION							
Mileage Reimbursement – 50 miles roundtrip (<i>Orthopedic Surgeon</i>)		2024-2061	Allow 45 trips over LE	\$0.22	2250	\$495.00	Google Maps / Internal Revenue Service
Mileage Reimbursement – 1 mile roundtrip – (<i>Physical Therapy</i>)		2024-2061	Allow 84 trips over LE	\$0.22	84	\$18.48	Google Maps / Internal Revenue Service

RECOMMENDATION	BILLING CODE	DURATION (BEGIN / END)	FREQUENCY / REPLACEMENT	MEDIAN COST	TOTAL ALLOWED	TOTAL	COST RESOURCE
OTHER							
Case Manager		2024-2061	Allow for 10-30 hours over LE	\$75.00	15	\$1,125.00	FIG Services
Vocational Assessment		2024-2061	Once	\$3,500.00	1	\$3,500.00	The Disability Group
TOTAL						\$265,804.31	